		RI DEPARTMENT OF REVENUE 2008	FORI	M MO-1	040A	<u> </u>								
		DUAL INCOME TAX RETURN E/MARRIED (ONE INCOME)	VEND	OR CODE	00	0								
SO	CIAL SI	ECURITY NUMBER SPOUSE'S S	SOCIAL SI	ECURITY NUME	BER									
NA	ME (LA	ST) (FIRST)		M.I. JR,	SR	SED 38								
SP	OUSE'S	S (LAST) (FIRST)		M.I. JR,	SR	DECEASED IN 2008								
IN (	CARE (	OF NAME (ATTORNEY, EXECUTOR, PERSONAL I	REP., ET	C.)										
PR	ESENT	FADDRESS (INCLUDE APARTMENT NO. OR RUR	AL ROUT	Ē)			COUNTY OF	RESIDENC	E		S	CHOOL DIST	RICT NO.	
CIT	V TO	WN, OR POST OFFICE	STATE	ZIP CODE		DIE	ASE CHECK TO	UE ADDDO	DDIATE DOVE	S THAT APPLY	TO VO	IIDCELE OD	VOLID EDC	NICE
011	1, 10	WN, OTT GOT GITTIGE	OTATE	Zii GOBE		AGE	<u>E <b>65 OR OLD</b>I</u> YOURSELF	ER BLI	<u>ND</u> YOURSELF	YOURSELI	<u>LED</u>	NON-OB YOUF	<u>LIGATED</u> ISELF	SPOUSE
	4	Fordered adjusted arrans in some from	000	O Fodovol F	· 1		SPOUSE 07.		SPOUSE	L SPOUSE	Т	∟ SPOU	SE	
NCOME	1.	Federal adjusted gross income from your 1040A—Line 21; or 1040EZ—Line 4									1			00
S	2.	Any state income tax refund included i	n your i	2008 federa	al incom	ne .					2	_		00
		Total Missouri Adjusted Gross Income									3	=		00
	4.	Mark your filing status box below and	enter th	e appropria	ite exer	nptio	n amount o	on Line 4						
		A. Single — \$2,100 (See Box B b			aral					— <b>\$2,100</b>				
		<ul> <li>□ B. Claimed as a dependent on another person's federal</li> <li>□ L. Married filing separate (spouse tax return — \$0.00</li> <li>□ NOT filing) — \$4,200</li> </ul>												
		C. Married filing joint federal & comb		issouri — \$4	1,200				isehold —	. ,				
		Check which spouse had incom  Yourself Spouse	ne:						idow(er) wi hild — <b>\$3,</b>		4			00
DEDUCTIONS	5	Tax from federal return (Do not	1	<b>—</b>	Enter t	his a				hever is less.				
SI	0.	enter amount from your Form W-2(s)—					ling combine							
D		NOT federal tax withheld.)				, ,	, whichever				5	+	0	
DE	6.	Missouri standard deduction or itemize Household — \$8,000; Married Filing a C												
		older, blind, claimed as a dependent, or	eral return											
	_	or page 6. If itemizing, see back of form									6	+		00
	7.	Number of dependents you claimed or (Do not include yourself or your spo							x \$1 200	_	7	+		00
	8.	Long-term care insurance deduction .									8	+		00
		Total Deductions — Add Lines 4 throu									9	=		00
AX		Missouri Taxable Income — Subtract I									10			00
⊢ ́	_	Tax — Use the tax table on the back o									11			00
	12.	Missouri tax withheld from your Form \ of Form W-2(s) and Form 1099(s)		12			00							
(C)	13.	Any Missouri estimated tax payments									13			00
PAYMENTS/REFUNDS		Total Payments — Add Lines 12 and 1									14			00
EFL	15.	If Line 14 (Total Payments) is more that	an Line	11 (Total T	ax), ent	ter th	ne differenc	e <b>(amou</b>	nt of over	payment)				
S/R		here. (If Line 14 is less than Line 11, skip to Line 19.)												00
EN		Amount from Line 15 that you want ap									16			00
٩YM	17.	Enter the amount of your donation Children's	~Veterans	Elderly Home	Misson Nation Guard	uri nal ( <b>wo</b>	Workers' Memorial	Childh Lead	Milita	ry G <sub>eneral</sub> Reveni		After School		Addl. Trust Fund Code
٩		in the trust fund boxes to the right.		Delivered Meals	Guard Guard	`	/	Testin	g Fami Relie			Retreat	(See Instr.)	(See Instr.)
		See the instructions	00	00	О		00		00	00 0		00	00	00
	1Ω	for fund codes.   17   00   Subtract Lines 16 and 17 from Line 15		1		_		n helow	<u>'                                    </u>	<u> </u>	T	1 100	, ;00	1 :00
10	10.	mail to: Department of Revenue, P.O			-		_			REFUND	18			00
MAIL	19.	If Line 14 is less than Line 11, enter the		•		•								
Ź		mail to: Department of Revenue, P.O.	Box 33	370, Jeffers	on City	y, MC	O 65105-33	70	.AMOUN					00
	÷	ou pay by check, you authorize the Departme									_			
	prepar	penalties of perjury, I declare that I have examined this er (other than taxpayer) is based on all information of w I also declare under penalties of perjury that I employ no	hich he/sh	e has any know	ledge. As	provide	ed in Chapter 14	43, RSMo, a	penalty of up t	o \$500 shall be in	nposed	on any individ	dual who file:	s a frivolous
SIGNATURE		orize the Director of Revenue or delegate to discus		urn and attachn	nents E	-MAIL	ADDRESS				PREF	ARER'S PHO	ONE	
NAT	SIGNA	, ,		DATE			PREPARER'S	SIGNATURE				FEIN, S	SN, OR PTIN	
SIG	V	7												
	SPOUS	SE'S SIGNATURE		DAYTIME TELEP	HONE		PREPARER'S ADDRESS AND ZIP CODE						DATE	

## **MISSOURI ITEMIZED DEDUCTIONS**

- Complete this section only if you itemized deductions on your federal return. (See the information on page 6.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

	the second control of						
1.	Total federal itemized deductions from Federal Form 1040, Line 40		1		00		
2.	2008 (FICA) — Social security \$ + Medicare \$		2		00		
3.	2008 Railroad retirement tax — (Tier I and Tier II) \$ + Medicare \$		3		00		
4.	2008 Self-employment tax — Amount from Federal Form 1040, Line 27		4		00		
5.	TOTAL — Add Lines 1 through 4.		5		00		
6.	State and local income taxes — See instructions on page 8.		00				
7.	Earnings taxes included in Line 6 — See instructions on page 8.	00	Ь.,				
8.	Net state income taxes — Subtract Line 7 from Line 6, or enter Line 8 from worksheet below.		8		00		
9.	MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 8 from Line 5. Enter here and on front		9		00		
	NOTE: IF LINE Q IS LESS THAN YOUR FEDERAL STANDARD DEDUCT		SEE THE INC	STRIK	CTION	46	

## **WORKSHEET — STATE AND LOCAL INCOME TAXES**

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 37 is more than \$159,950 (\$79,975 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-10 of Federal Schedule A instructions).

Amount from Federal Itemized Deduction Worksheet, Line 3     (See page A-10 of Federal Schedule A instructions.) If \$0 or less, enter "0"	1	00
Amount from Federal Itemized Deduction Worksheet, Line 11     (See page A-10 of Federal Schedule A instructions.)		00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5		00
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4	00
5. Subtract Line 4 from Line 3	5	00
6. Divide Line 5 by Line 1	6	%
7. Multiply Line 2 by Line 6		00
8. Subtract Line 7 from Line 5. Enter here and on Itemized Deductions, Line 8, above		00

## **2008 TAX TABLE**

If Missouri taxable income from Form MO-1040A, Line 10, is less than \$9,000, use the table to figure tax; if more than \$9,000, use worksheet below or use the online tax calculator at www.dor.mo.gov/tax/personal/taxcalculator/

If Line 10 is			If Line 1	0 is		If Line 1	0 is		If Line 1	0 is		If Line 1	0 is		If Line 1	0 is	
	But			But			But			But			But			But	
At	less	Your	At	less	Your	At	less	Your	At	less	Your	At	less	Your	At	less	Your
least	than	tax is	least	than	tax is	least	than	tax is	least	than	tax is	least	than	tax is	least	than	tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
								If/Spou	Se	F	xample				9,000		315
	Yourself/Spouse Example										1						

FIGURING TAX OVER \$9,000 Missouri taxable income (Line 10) . . . . . . 12,000 9,000 9,000 3,000 6% Multiply by 6% . . . . . . . . . . . . x 6% Tax on income over \$9,000 . . . . . . . . . = \$ 180 315 Add \$315 (tax on first \$9,000) . . . . . . + \$ \$ 315 TOTAL MISSOURI TAX . . . . . . = \$ 495

If more than \$9,000, tax is \$315 PLUS 6 percent of excess over \$9,000.

Round to nearest whole dollar and enter on front of form, Line 11.